



ARTS COUNCIL
of LADYSMITH
and DISTRICT

ACLD Instructor Invoice

Date: _____

Instructor Information:

Full Legal Name: _____

Phone Number: _____

Email: _____

GST # if Applicable: _____

Program Name: _____

Dates of Instruction: _____

Number of Students: _____ x Rate per Student: _____ = _____

Material Fees: _____ = _____ +

Total Due: \$ _____

Please attach a copy of your direct Deposit Form or a void cheque. A PDF version can be emailed to accounting@ladysmitharts.ca

Instructor Signature: _____

ACLD Approval: _____

Instructor Copy – Arts Council of Ladysmith & District Instructor Invoice

Please detach and retain for your records.

Program Name: _____

Dates of Instruction: _____

Number of Students: _____ x Rate per Student: _____ = _____

Material Fees: _____ = _____

Total Amount Invoiced to ACLD: _____ Date Paid: _____